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|---|--|---|---|--|--|---|---|--|--|---------|--|--------|--------|---------|------|-----------------------------|---|------------------------------|------------------|
| AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA) For use of this form, see 37-104-3; the proponent agency is ASA (FM) | | | | | PRIVACY ACT STATEMENT AUTHORITY: 37 USC 403; Public Law 96-343; EO 9397. PRINCIPLE PURPOSE: To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA). ROUTINE USE: To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification. DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN. | | | | | | | | | | | | | | |
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| 5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code) | | | | 6. DATE/ACTION (YYMMDD) | 7. BAQ TYPE | | | | | | | | | | | | | | |
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| (1) Spouse/Former Spouse SSN | | (2) Spouse/Former Spouse Duty Station | | (3) Date of Marriage, Divorce/Separation | | (1) QUARTERS NO. _____ | | (2) FAIR RENTAL VALUE \$ | | | | | | | | | | | |
| (4) Child in Custody of: | | Member | Spouse | Former Spouse | Other | (3) FROM: _____ TO: _____ | | | | | | | | | | | | | |
| (5) If you check "OTHER" above, prepare DD Form 137 to establish dependency. | | | | | | (4) <input type="checkbox"/> MEMBER ELECTION (Member in grade E7 and above) <input type="checkbox"/> COMMANDER DETERMINATION (Attached) | | | | | | | | | | | | | |
| (6) If child support received from another military member, complete (1), (2) & (3). | | | | | | | | | | | | | | | | | | | |
| 10. DEPENDENTS/SHARERS (Continue on back if required) | | | | | | | | | | | | | | | | | | | |
| NAME OF DEPENDENT/SHARER | | | COMPLETE CURRENT ADDRESS (Include ZIP Code) | | | RELATIONSHIP | | DOB OF CHILDREN | | | | | | | | | | | |
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| 11. CERTIFICATION OF DEPENDENT SUPPORT | | | | | | | | | | | | | | | | | | | |
| I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods/nonsupport. | | | | | | | | | | | | | | | | | | | |
| IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period | | | | | | | | | | | | | | | | | | | |
| 12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON | | | | | | | | | | | | | | | | | | | |
| My permanent duty station: | | My dependent's location: | | Both my permanent duty station and dependent's location. | | | | | | | | | | | | | | | |
| a. Monthly Expenses: | | Member | | Dependent | | b. Sharer/Lease Information | | c. Address Information | | | | | | | | | | | |
| (1) Mortgage (PITI) or Rent | | | | | | (1) Rental/Residential Address: | | (1) Landlord's Name and Address: | | | | | | | | | | | |
| (2) Insurance | | | | | | (2) Effective Date: | | (3) Expiration Date: | | | | | | | | | | | |
| (3) Other | | | | | | (2) Landlord's Phone No. | | | | | | | | | | | | | |
| TOTALS | | | | | | (4) Number of Sharers (show name(s) and address in block 10.) | | | | | | | | | | | | | |
| I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement. IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for 5 years, or both. | | | | | | | | | | | | | | | | | | | |
| 13. MEMBER'S SIGNATURE | | | | 14. DATE | | 15. CERTIFYING OFFICER'S SIGNATURE | | | 16. DATE | | | | | | | | | | |
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